

## Monthly CASA Advocate Update

*Complete this form at the end of each month to capture pertinent information for your case assignment. Information contained in the monthly updates can be easily summarized for the next CASA Report to Court. Send a copy of this update to your CASA Coach (where applicable) or the CASA Coordinator each month.*

**Advocate:** \_\_\_\_\_  
**Coach:** \_\_\_\_\_  
**Coordinator:** \_\_\_\_\_

**Case Name:** \_\_\_\_\_  
**Date Appointed:** \_\_\_\_\_  
**For month of:** \_\_\_\_\_

### Potential contacts for your case may include:

Child(ren)	Child's Therapist / Counselor	Child's Attorney/GAL
Mother(s)	Child's School or Daycare	Parents' Attorneys
Father(s)	Therapist(s) for parent(s)	Parent Partner(s)
DHS Case Manager	Substance Abuse Counselor(s)	BHIS Provider
FSRP Provider	Child's Placement	Relatives

### Contacts this month (for those that apply to this case assignment)

Identify the person(s) contacted this month. Enter number of times for face, email/phone or attempts made with no return contact

Name	Relationship to the Case	Face	Phone or Email	Attempts	Hours	Miles

### Meetings or court hearings I attended this month (enter date):

Family team meeting: _____	Foster Care Review: _____
Other staffing (identify): _____	Court hearing (identify type): _____

**Provide a brief case update as it relates to the case and include pertinent information that you may include in your next CASA Report to Court. Consider observations or information gathered as it relates to Child Well-Being (mental health, behaviors, academics, placement); Parental Capabilities; Family Safety; Family Interactions and Parental Home Environment.**

**For youth 16 years and older, provide a brief update on transition needs and activities for youth (consider transition planning goals and action steps):**

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**Total hours and miles contributed this month:**

**Hours:** \_\_\_\_\_ **Miles:** \_\_\_\_\_

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**In-service Training** (identify training completed and include time spent to the nearest ¼ hour)

Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

**Identify additional training that would be beneficial:**

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**Coach Comments:**